

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Mohamed R. al-'Owhali	COURT CASE NUMBER 25-cv-0235-NJR				
DEFENDANT Daniel Sproul, et al.	TYPE OF PROCESS Civil Summons				
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT { Daniel Sproul ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) FCI Marion, 4500 Prison Road, Marion, IL 62959					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW CLERK, U.S. DISTRICT COURT 750 MISSOURI AVE EAST ST LOUIS, IL 62201					
Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.					
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):					
Signature of Attorney other Originator requesting service on behalf of: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			Date	Time	am <input checked="" type="checkbox"/> pm
Name and title of individual served (if not shown above) DANIEL HUOINS, LIEUTENANT			6/7/25 0935		
Address (complete only different than shown above)			Signature of U.S. Marshal or Deputy		
<i>Costs shown on attached USMS Cost Sheet >></i>					
REMARKS					

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Mohamed R. al-'Owhali	COURT CASE NUMBER 25-cv-0235-NJR				
DEFENDANT Daniel Sproul, et al.	TYPE OF PROCESS Civil Summons				
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN J. Hughes, RN AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) FCI Marion, 4500 Prison Road, Marion, IL 62959					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW CLERK, U.S. DISTRICT COURT 750 MISSOURI AVE EAST ST LOUIS, IL 62201	Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):					
Signature of Attorney other Originator requesting service on behalf of: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process ____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <i>DANIEL HUGHES, LIEUTENANT</i>		Date <i>6/17/15</i>		Time <i>0935</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy			
<i>Costs shown on attached USMS Cost Sheet >></i>					
REMARKS					